## CMS Benefit Payments by Major Program Service Categories Fiscal Year 2000

	Total Program Payments		Medicare		Medicaid <sup>1</sup>	
		Percent		Percent		Percent
Type of Service	Amount	Distribution	Amount	Distribution	Amount	Distribution
	Amount in millions					
Total	\$410,653	100.0	\$215,147	100.0	\$195,506	100.0
Inpatient Hospital	131,266	32.0	87,279 <sup>2</sup>	40.6	43,987 ′	22.5
Nursing Facilities	60,105	14.6	10,313	4.8	49,793 <sup>8</sup>	25.5
Home Health & Related	28,465	6.9	8,728	4.1	19,737 <sup>9</sup>	10.1
Physician & Other Practitioner	56,451	13.7	47,732 <sup>3</sup>	22.2	8,719 <sup>10</sup>	4.5
Outpatient	24,251	5.9	16,271	7.6	7,980	4.1
Clinic	5,864	1.4	4		5,864 12	3.0
Prescribed Drugs	16,575	4.0			16,575 <sup>13</sup>	8.5
Capitation Payments	73,460	17.9	39,811 <sup>5</sup>	18.5	33,649 14	17.2
Other Care	14,216	3.5	5,013 °	2.3	9,203 15	4.7

<sup>&#</sup>x27;Payments (Federal and State) from financial management reports (Form CMS-64).

NOTE: Because of rounding, table components may not add to totals.

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Includes physicians, other practitioners, durable medical equipment, ambulatory surgical center facility costs, physician-administered drugs, and other Part B suppliers (total of \$47,690 million) and Quality Improvement Organization (\$43 million).

<sup>\*</sup> Covered clinic services are included under outpatient.

<sup>&</sup>lt;sup>o</sup> Includes Part A managed care payments (\$21,463 million) and Part B managed care payments (\$18,348 million).

Includes hospice (\$2,818 million) and clinical laboratory services furnished in a physician's office and an independent laboratory (\$2,194 million).

<sup>&#</sup>x27;Includes Inpatient hospital payments (\$28,388) and disproportionate share (DSH) payments (\$15,598).

<sup>&</sup>lt;sup>o</sup> Includes services in nursing facilities (\$39,608) and intermediate care facilities for the mentally retarded (\$10,185).

Includes home health (\$2,312 million), home and community-based waivers (\$12,629 million), personal care services (\$4,567 million), and home and community-based services for functionally disabled elderly (\$230 million).

Includes physician (\$5,893 million), dental (\$1,795 million), and other practitioner services (\$1,030 million).

<sup>&</sup>quot;Includes outpatient hospital (\$7,367 million) and laboratory/radiological services (\$613 million).

<sup>&#</sup>x27;f Includes clinic (\$5,063 million), rural health clinic (\$175 million), and federally qualified health clinic services (\$626 million).

<sup>&</sup>quot;Includes gross prescription drug expenditures (\$20,555 million) and drug rebates (-\$3,981 million).

<sup>&</sup>lt;sup>17</sup> Includes Medicare premiums (\$4,204 million) and other capitation payments (\$29,446 million).

Includes early and periodic screening, diagnosis and treatment (EPSDT) (\$829 million), targeted case management (\$1,893 million), primary care case management (\$290), hospice (\$403 million), emergency services for undocumented immigrants (\$864 million), miscellaneous coinsurance payments (\$460 million), sterilizations (\$118 million), Program for All-inclusive Care of Elderly (PACE) (\$5 million), other care services (\$7,849 million), and various collections (-\$3,508 million).